

<i>SERFF Tracking Number:</i>	<i>HRCN-128305402</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Horace Mann Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>IC-AR0016</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Premium Bonus Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Premium Bonus Rider

SERFF Tr Num: HRCN-128305402 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved- Closed  
State Tr Num:

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: IC-AR0016

State Status: Approved-Closed

Filing Type: Form

Author: Wes Romanotto

Reviewer(s): Linda Bird

Date Submitted: 04/30/2012

Disposition Date: 05/03/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/03/2012

State Status Changed: 05/03/2012

Deemer Date:

Created By: Wes Romanotto

Submitted By: Wes Romanotto

Corresponding Filing Tracking Number:

Filing Description:

IC-AR0016 – Premium Bonus Rider

Form IC-AR0016 is new and is not intended to revise or replace any form previously approved in your state.

No part of this form contains any unusual or controversial items from normal company or industry standards.

Form IC-AR0016 is a premium bonus rider that will be attached to contract form IC-453000, Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus, approved by your department on 12/14/2005. Business conditions may warrant the use of this rider with other previously approved products and/or future products approved in

SERFF Tracking Number: HRCN-128305402 State: Arkansas

Filing Company: Horace Mann Life Insurance Company State Tracking Number:

Company Tracking Number: IC-AR0016

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable

Product Name: Premium Bonus Rider

Project Name/Number: /

your state. This rider will allow us to offer a premium bonus in addition to any premium bonus described in the contract.

We want the flexibility to attach this rider, on a non-discriminatory basis, to some or all tax types that we currently offer for sale. This rider will only be attached to new business contracts. Business conditions will dictate when this rider is used.

There will be no charge for this rider. The rider is effective as of the issue date of the contract and will be made part of the contract to which it is attached.

State Narrative:

## Company and Contact

### Filing Contact Information

Wes Romanotto, Sr Product Development & Compliance Coordinator romanow1@horacemann.com

1 Horace Mann Plaza 217-788-8536 [Phone]  
Springfield, IL 62715-0001 217-535-7197 [FAX]

### Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Life, Accident/Health, Annuity, Credit
Springfield, IL 62715-0001	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50.00 per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	04/30/2012	58792770

SERFF Tracking Number:	HRCN-128305402	State:	Arkansas
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Company Tracking Number:	IC-AR0016		
TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.002 Flexible Premium
Product Name:	Premium Bonus Rider		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/03/2012	05/03/2012

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<i>Company Tracking Number:</i>	<i>IC-AR0016</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Premium Bonus Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 05/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Premium Bonus Rider		Yes

SERFF Tracking Number: HRCN-128305402 State: Arkansas

Filing Company: Horace Mann Life Insurance Company State Tracking Number:

Company Tracking Number: IC-AR0016

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable

Product Name: Premium Bonus Rider

Project Name/Number: /

## Form Schedule

Lead Form Number: IC-AR0016

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IC-AR0016	Policy/Cont Premium Bonus ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.000	IC- AR0016.pdf

## Rider

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### Horace Mann Life Insurance Company

1 Horace Mann Plaza

Springfield, Illinois 62715-0001

1-800-999-1030

### Premium bonus rider

This rider is made a part of the contract to which it is attached. All definitions, provisions, and exceptions of the contract apply to this rider unless changed by this rider. Terms not defined in this rider have the meaning given to them in the contract. In the case of a conflict with any provision in the contract, the provisions of this rider will control.

#### Effective date

This rider is effective as of the **issue date**.

#### Eligible premium

**Eligible premium** is any rollover, transfer or exchange, as defined by the Internal Revenue Code and regulations.

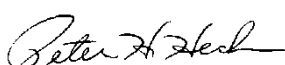
#### Premium bonus

During the [second through fifth] **contract year**[(s)], we will increase the **account value** with an amount equal to [2.00] percent of the **eligible premium** on the date we receive the **eligible premium** at our home office.


#### Rider termination

This rider terminates upon the earliest of:

- a. when **you** apply your **annuitized value** to an annuity option, as described in the contract; or
- b. the date the contract terminates due to surrender or death.



President



Corporate Secretary

SERFF Tracking Number:	HRCN-128305402	State:	Arkansas
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Company Tracking Number:	IC-AR0016		
TOI:	A021 Individual Annuities- Deferred Non-Variable	Sub-TOI:	A021.002 Flexible Premium
Product Name:	Premium Bonus Rider		
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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Certification.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - No policy being filed. <b>Comments:</b>	Item Status:	Status Date:
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> N/A <b>Comments:</b>	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> IC-AR0016 SOV.pdf	Item Status:	Status Date:



HORACE MANN LIFE INSURANCE COMPANY  
1 HORACE MANN PLAZA  
SPRINGFIELD, ILLINOIS 62715-0001  
CERTIFICATION FOR FLESCH READABILITY TEST SCORE

Date: 4/27/2012

A. Option Selected

- ☐ 1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is \_\_\_\_\_.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Premium Bonus Rider	IC-AR0016	56

B. Test option selected

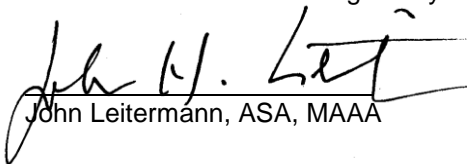
- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

- ☒ 1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.

  
John Leitermann, ASA, MAAA

Vice President  
Officer's Title

**Horace Mann Life Insurance Company**

**1 Horace Mann Plaza  
Springfield, Illinois 62715**

**Statement of Variability  
Premium Bonus Rider  
Form IC-AR0016**

The company address, phone number and officer signatures may be updated as necessary.

Variable Item #	Field Name	Range/Explanation of Variable Data
V1	second through fifth	This is the year(s) the premium bonus is applicable. Range: Any year or range of years between the first and tenth contract years.
V2	2.00	This is the percent amount of the premium bonus. Range: Minimum - 1.00    Maximum - 5.00

## Rider

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### Horace Mann Life Insurance Company

1 Horace Mann Plaza

Springfield, Illinois 62715-0001

1-800-999-1030

### Premium bonus rider

This rider is made a part of the contract to which it is attached. All definitions, provisions, and exceptions of the contract apply to this rider unless changed by this rider. Terms not defined in this rider have the meaning given to them in the contract. In the case of a conflict with any provision in the contract, the provisions of this rider will control.

#### Effective date

This rider is effective as of the **issue date**.

#### Eligible premium

**Eligible premium** is any rollover, transfer or exchange, as defined by the Internal Revenue Code and regulations.

#### Premium bonus

During the [second through fifth]<sup>V1</sup> **contract year(s)**, we will increase the **account value** with an amount equal to [2.00]<sup>V2</sup> percent of the **eligible premium** on the date we receive the **eligible premium** at our home office.

#### Rider termination

This rider terminates upon the earliest of:

- a. when **you** apply your **annuitized value** to an annuity option, as described in the contract; or
- b. the date the contract terminates due to surrender or death.

President

Corporate Secretary